

**Acute Care Contract** 

Contract Year Ended September 30, 2020

(With Independent Accountants' Report Thereon)

Acute Care Contract

## **Table of Contents**

	Pages
Independent Accountants' Report	1
Medical Loss Ratio Report – Acute Care Contract	2–4



KPMG LLP Suite 900 10 South Broadway St. Louis, MO 63102-1761

### **Independent Accountants' Report**

The Board of Directors and Stockholder Health Net Access, Inc. d/b/a Arizona Complete Health – Complete Care Plan:

We have examined the Medical Loss Ratio Report – Acute Care Contract (subject matter) of Health Net Access, Inc. d/b/a Arizona Complete Health – Complete Care Plan (the Company) for the contract year ended September 30, 2020. The Company's management is responsible for the subject matter in accordance with the Arizona Health Care Cost Containment System (AHCCCS) Financial Reporting Guide (FRG) effective October 1, 2020 (the criteria). Our responsibility is to express an opinion on the subject matter based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether the subject matter is in accordance with the criteria, in all material respects. An examination involves performing procedures to obtain evidence about the subject matter. The nature, timing, and extent of the procedures selected depend on our judgment, including an assessment of the risks of material misstatement of the subject matter, whether due to fraud or error. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion.

In our opinion, the Medical Loss Ratio Report – Acute Care Contract of the Company for the contract year ended September 30, 2020 is presented in accordance with the Arizona Health Care Cost Containment System (AHCCCS) Financial Reporting Guide (FRG) effective October 1, 2020, in all material respects.

The purpose of this report is to satisfy requirements of the Arizona Health Care Cost Containment System (AHCCCS) Financial Reporting Guide (FRG). Accordingly, this report is not suitable for any other purpose.



St. Louis, Missouri July 20, 2021

Medical Loss Ratio Report - Acute Care Contract

Medical Loss Ratio Report MCO: NOTES: Do not duplicate any amounts in multiple lines. GAAP Basis (Columns H - L) should agree to the submitted financi statements. Audit Adjustments should be included in the Annu Contract Year End GAAP Basis Adjustments column. <u>USE FOR ANNUAL REPORT ONLY</u> - Adjustments column should Annual report prior year adjustments and true up any estimates to present on an incurred date of service basis. Any adjustments to be deducted should Adjustment 631.856.26 610.559.30 634,736,11 (3.998.00)2,534,279.56 be entered as a negative number Format of mount to be Entered Specific Applicability Financial Statem MLR Category Include full capitation including 1% withhold payment. Exclude pasthrough payments revenue (reported in line 16) and risk adjustmen ospective Capitation 223 132 251 230 736 386 240 646 737 927 635 678 (5,221,499) 922 414 178 venue (reported in line 16). 42 CFR\$438 8(f)(2) nclude Alternative Payment Model (APM) settlements related to Mithholds, Incentives (see ACOM 306) and Performance Based ACC/ALTCS (ACOM APM 1% Withhold Settlement 42 CFR 438.6(b)(3) and Payments (see ACOM 307). Unearned withhold should be deducted 42 CFR§438.8(f)(2)(iii) Performance Based Payments (PBP) ALL - PRP 40115-01 292.112 (527,458) (537.166) (562,260) (1,334,772) (1,428,76 med incentive should be added. Earned incentive should be added.

Include unpaid cost-sharing amounts that could have been collected fro enrollees under the contract, except those amounts that can be shown made a reasonable, but unsuccessful, effort to collect. paid Cost Sharing Amounts 43 CFR§438.8(f)(2)(v) 5 Changes to Unearned Premium Reserves Include adjustments to Deferred Revenue. 40105-0 nclude amounts for risk adjustment after adjusted amounts are compute Risk Adjustment (Suspended) or amounts that can be reasonably estimated and accrued. 43 CFR5438,8 M(2)(VI) Prospective Tiered or Title XIX/XXI Reconciliation Settlement CC/RRH4 (1,934,528) (1,322,240) \$ (12,988,623) 1,203,629 (15,041,761) (1,907) (15,043,668) PPC Settlement ACC/ALTCS/ CMDF 40140-01 758,761 (63,065) (353,980) 598,252 939,968 (939,968 nclude APSI settlement (see ACOM 325). Do not include mont emium component of APSI. APSI Settlement 40145-01 RBHA/CMDP ACC/ALTCS/ RBHA 70105-01 40160-01 (4,752,77 6,623,096 9,318,887 19,437,647 18,150,976 Reinsurance 8,248,434 (1,286,670 Amount should generally be stated as a positive number. Health Insurance Providers Fee (HIPF) Rever 5.136.804 5.609.690 5.386.158 16.132.652 16.132.652 14 Patient Contributions ALTCS 40315-01 Other Accruals (Explain below Deduct Include Rural (ACC), Nursing Facility (ALTCS) and Targeted Investment (ACC/RBHA) Pass - Through Payments (if impacting income statement). 42 CFR§438.8(f)(2)(i) ACC/ALTCS Pass - Through Payments Revenue through 40160-01) +40315-Total Premium Revenue 01 + 70105-01 248.402.823 \$ 229.016.169 \$ 235.406.542 \$ 263,393,770 \$ 976,219,303 \$ (7,544,041) \$ 968,675,262 Taxes, Licensing and Regulatory Fees Exclude Federal income taxes and tax benefit on investment inco capital gains and Federal employment taxes. Taxes, Licensing and Regulatory Fees 42 CFR§438.8(f)(3)(iii) deral Income Tax & Federal Tax (include Tax Benefit) CC/ALTCS/ RBHA 196,364 Premium Tax 5.106.961 6.416.606 S 5.023,765 \$ 5.447.817 21.995.149 21,995,149 Health Insurance Providers Fee (HIPF)
Other Federal, State, Local Taxes and Licensing and 20 ACC/ALTCS /RBHA 4,343,022 12,489,899 12,489,899 42 CFR§438.8(f)(3) 22 income tax) and Community Reinvestment Expenses meeting requirements of 45 CFR 158.162c ACC/ALTCS/ RBHA 42 CFR§438.8(f)(3) 990105-01 imited to 3% of earned premium Total Taxes, Licensing and Regulatory Fees 5,254,251 \$ 13,023,209 \$ 11,213,899 \$ 16,488,064 \$ 45,979,423 \$ 196,364 \$ 46,175,787 Incurred Claims Paid Claims - Exception for Subcontractors who provid Total reported in lines 24 and 25 should equal the total reported in the Medicaid-covered services directly to Medicaid enrollees. The income statement for Account #'s 50105-01 to 50370-01 (and 60105 costs of the delegated managed care activities cannot be through 61305 for RBHAs). For ALTCS/EPD and DDD LOBs: exclude Account # 5036-601 - ALTCS Case Management which should be reported in lines 56-61, as appropriate. The majority of the items explicitly requested to be quantified on a subsequent line in the nature of the desired consistency. included in the managed care plan's medical loss ratio calculation. Contractors who have subcontractors with delegated managed care activities must include these costs in 50105-01 through 50360-01 42 CFR§438.8(e)(2)(i)(A) & 42 60105-01 through 61305-0 CFR§438.230(c)(2)(1) 218,050,486 \$ 213,139,351.67 \$ 182,774,487 \$ 203,075,554.90 \$ 817,039,880 \$ (93,575,279) \$ admin unless they are quality improvement activities Changes in other claims-related reserves (Change in unpai claims between the prior year's and the current year's unpaid claims (i.e., RBUC) and change in claims incurred but not reported (IBNR) from the prior year to the current year) eport changes each quarter from the prior Contract year RBUCS an Change in A/C 20120-01 11 CFR§438.8(e)(2)(i)(G) (11,584,615) 6,616,587 14,307,074 17,914,179 108,933,641 126,847,820 IBNR 42 CFR§438.8(e)(2)(i)(C) Provider Withholds from Payments nclude Incentives or bonuses to providers that are not included as part of 27 12 CFR\$438 8(e)(2)(iii)(A) Provider Incentive/Bonus Payments APM Performance Based Payments Report total Fraud Recoveries reduced by Fraud Recovery Expenses. The amount of Fraud Recovery expenses must not include Fraud 42 CFR§438.8(e)(2) (iii)(B) red through Fraud Reduction efforts 81405-01 Prevention Activities. 42 CFR§438.8(e)(2)(i)(H) 29 Contingent Benefits/ Medical claim portion of lawsuits nclude those services provided in addition to those covered under the state plan for which costs are not included in capitation payments (i.e. services not covered by AHCCCS). These expenses should improve health and reduce costs, including interventions intended to address social determinants of health. Exclude community benefit expenses es paid with Community Reinvestment funds (reported in line Value Added Services (Explain below Deduct Provider/Subcontractor Overpayment Recoveries Amount should be generally stated as a negative number. 274,362 432,779 (204,737) (200,614 301,791 (2,178,536 (1,876,746) 42 CFR§438.8(e)(2)(ii)(B) mount should be generally stated as a negative number 50310-10; 61005-10 Pharmacy Performance Guarantee Amount should be generally stated as a negative number. 42 CFR\$438 8(e)(2) (i) (D)(F) 34 TPL, COB, Subrogation Recoveries and recoverable COB claim 70205-02 (348 056) (507 627) 5 (427 237) 5 (379 269) (1 662 189) (1,662,189) Amount should be generally stated as a negative number 35 Total Incurred Claims 201,514,291 \$ 188,775,948 \$ 216,834,016 \$ 833,703,568 \$ 13,179,826 \$ Non-Claims Costs Exclude Compensation classified as Health Care Quality Improveme 52,792,553 expenses (reported in lines 57 - 62). 80105-01 14,617,244 11,679,747 12,484,752 14,010,810 Compensation

See accompanying independent accountants' report

3.177.325 \$

3.541.435

13.144.075

13.144.075

Medical Loss Ratio Report - Acute Care Contract

i	Medical Loss Ratio Report – Acute Care Contract													
			39	Care Management/Care Coordination not included in Health Care Quality Improvement Expenses	ALL	80405-01	s - s	750,509	755,948 \$	755,715	\$ 2,262,171	s -	\$ 2,262,17	1
							ľ							Exclude expenses classified as Health Care Quality Improvement
			40	Professional and Outside Services		80505-01	\$ 732.925 \$	784,916	674 719	710 721	\$ 2,903,281		0.000.00	expenses (reported in lines through 62-) or as Fraud, Waste and Abuse 1 expenses (reported in line 64).
		+	41	Office Supplies and Equipment	ALL	80605-01	\$ 326,973 \$	285,975	303,104 \$	337,838	\$ 1,253,890		\$ 1,253,89	expenses (reported in line 64).
		+	42	Travel	ALL	80705-01	\$ 279,195 \$	244,188 \$	258,813 \$	288,472	\$ 1,070,669	s -	\$ 1,070,66	9
		+	43	Repair and Maintenance Bank Service Charge	ALL	80805-01 80905-01	\$ - \$ \$ 159,148 \$	139,192	- \$ 147,529 \$	164,436	\$ 610,305	\$ -	\$ 610,30	6
		+	44	Insurance	ALL	81005-01	\$ 72,207 \$	63.153	66,935	74.606	\$ 276,901	s -	\$ 276,90	1
		+	46	Marketing	ALL	81105-01	\$ 87,823 \$	64,857	34,620 \$	28,410	\$ 215,710	\$ -	\$ 215,71	0
		+	47 48	Interest Expense Pharmacy Benefit Manager Expenses	ALL	81205-01 81305-01		301,719 \$ 1.694,262 \$	459,070 \$ 1.449,100 \$	1,267,048	\$ 2,421,783 \$ 5.642.897		) \$ 1,309,02 \$ 5,642.89	
		+	49	Other Administrative Expenses	ALL	83005-01		59,432.67	62,992	70,211	\$ 260,589		\$ 260,58	
_	42 CFR§ 438.8(e)(2)(v)(A)(1)	+	50	Amounts paid to third party vendors for secondary network sav	rin ALL	81505-01		- 9	- \$	-	\$ -	\$ -	\$ -	
Expenditures	42 CFR§ 438.8(e)(2)(v)(A)(2)	+	51	Amounts paid to third party vendors for network development, administrative fees, claims processing, and utilization management	ALL	81505-01	s - s	- 4	· · ·		\$ -	s -	s -	Any portion of the sub-capitation/block payment arrangement paymer that is explicitly attributed to the provision of administrative services be the provider should be included in this line and excluded from line 24.
ministrative E	42 CFR§ 438.8(e)(2)(v)(A)(3)	*	52	Amounts paid, including amounts paid to a provider, for professional or administrative services that do not represent compensation or relimbursement for covered services provided to an enrollee, (e.g., Non-Medical (Administrative component) of Sub-Capitated or Block Payments)	ALL	81605-01	\$ 1,228,858 \$	907,851 \$	158,420 \$	299,354	\$ 2,594,483		\$ 2,594,48	Any portion of the sub-capitation/block payment arrangement paymer that is explicitly attributed to the provision of administrative services by the provider should be included in this line and excluded from line 24.
Pdi	42 CFR§ 438.8(e)(2)(v)(A)(4)	+	53	Fines and penalties assessed by regulatory authorities	ALL	Footnote 16	\$ 316,560 \$	32,500 \$	- \$	43,124	\$ 392,184	\$ (316,560	) \$ 75,62	4 Include AHCCCS sanctions
Costs	42 CFR§438.8(e)(2)(v)(C).	+	54	Pass - Through Payments	ACC/ALTCS		s - s	- \$	s - s		\$ -	s -	s -	Include Rural (ACC), Nursing Facility (ALTCS) and Targeted Investments (ACC/RBHA) Pass - Through Payments (if impacting income statement)
Non-Claims		+	55 56	Loss Adjustment Expense Total Non-Claims Costs			\$ - \$ 23,620,661 \$	20,747,666 \$	20,819,340 \$	23,905,426	\$ - \$ 89,093,093	\$ (1,429,324	\$ - ) \$ 87,663,76	Loss Adjustment Expense is considered a cost-containment expense and should be reported as a non-claims cost. It should not be included in the numerator (including incurred Claims or Health Care Quality).
/ities are	42 CFR§438.8(e)(3)			Health Care Quality Improvement and Other Expenses								1-	-	For ALTCS/EPD and DDD LOBs: Account # 50365-01 - ALTCS Case Management should be reported in lines 57-62 below, as appropriate.
h cg	45 CFR§158.150(b)(1) 45 CFR§158.150(b)(2)	+	57 58	Improvement of health outcomes Activities to prevent hospital readmission	ALL	81705-01 81705-01	\$ - \$ \$ 689,006 \$	956,780	948,162	1,048,329	\$ 3,642,276	s -	\$ 3,642,27	6
s for act health	45 CFR§158.150(b)(2)(iii)	+	59	Improvement of patient safety and reduce medical errors	ALL	81705-01	\$ - \$	- S	, 340,102 3	1,040,329	\$ 3,042,276	\$ -	\$ 3,042,27	-
- SS	45 CFR§158.150(b)(2)(iv)(4)	+	60	Wellness and health promotion activities	ALL	81705-01	\$ - \$	- (	- \$	-	\$ -	\$ -	\$ -	
penditures t improve t ality	45 CFR§158.150(b)(2)(v) & 45 CFR§158.151		61	Health information technology expenses related to improving health care quality	Δ1.1	81705-01	\$ 19,919 \$	41.831	265.710 \$	302,225	\$ 629.685	e	s 629.68	5
in di A	42 CFR§438.8(e)(3)(ii) & 42	•	-				10,010	41,001	. 200,/10 3	. 302,223	- 020,003		023,00	-
rat i	CFR§438.358(b) and (c).	+	62	Activities related to external quality review	ALL	81705-01	\$ - \$	- 5	- \$		\$ -	\$ -	s -	
ш‡ғ	·		63	Total Health Care Quality Improvement and Other Expense	98	·	\$ 708,925 \$	998,610	1,213,872 \$	1,350,554	\$ 4,271,961	3 -	\$ 4,271,96 \$ -	1
Expenditures related to activities compliant with														
§ 438.608(a)(1) through (5), (7), (8) and (b).	42 CFR§438.8(e)(4) & 45 CFR§158.150(c)(8)		64	Program Integrity: Fraud, Waste, and Abuse Prevention Expenses	ALL		s - s	- 4	s - s		s -	s -	s -	
§ 438.608(a)(1) through (5), (7), (8)		+	64		CMDP and small non- LTSS MCOs between 5,400 and 380,000 annual Member Months		0.0%	- \$	0.0%	0.0%	0.0%	\$ -	\$ -	If an MCO's annual member months are determined to be partially- credible, the credibility adjustment factor must be manually entered as by calculated using the guidance in the Credibility Adjustment tab.
§ 438.608(a)(1) through (5), (7), (8) and (b).	CFR§158.150(o)(8)			Expenses	LTSS MCOs between 5,400 and 380,000		\$ - \$			0.0%	0.0%	\$ -	0.0	credible, the credibility adjustment factor must be manually entered a
§ 438.608(a)(1) through (5), (7), (8) and (b).	CFR§158.150(o)(8)		65	Expenses  Credibility Adjustment (If applicable)  Numerator Incurred Claims	LTSS MCOs between 5,400 and 380,000		\$ 226,579,313 \$	201,514,291	188,775,948 \$	216,834,016	\$ 833,703,568	\$ -	\$ 846,883,39	credible, the credibility adjustment factor must be manually entered a 6 calculated using the guidance in the Credibility Adjustment tab.
§ 438.608(a)(1) through (5), (7), (8) and (b).	CFR§158.150(o)(8)	+	65 66 67	Expenses  Credibility Adjustment (if applicable)  Numerator Incurred Claims Expenditures for activities that improve health care quality	LTSS MCOs between 5,400 and 380,000		\$ 226,579,313 \$ \$ 708,925 \$	201,514,291 \$ 998,610 \$	188,775,948 \$ 1,213,872 \$	216,834,016 5 1,350,554	\$ 833,703,568 \$ 4,271,961	\$ -	\$ 846,883,39 \$ 4,271,96	credible, the credibility adjustment factor must be manually entered a factor must be manually entered a calculated using the guidance in the Credibility Adjustment tab.
§ 438.608(a)(1) through (5), (7), (8) and (b).	CFR§158.150(o)(8)	*	65	Expenses  Credibility Adjustment (If applicable)  Numerator Incurred Claims	LTSS MCOs between 5,400 and 380,000		\$ 226,579,313 \$	201,514,291	188,775,948 \$ 1,213,872 \$	216,834,016 5 1,350,554	\$ 833,703,568 \$ 4,271,961	\$ -	\$ 846,883,39 \$ 4,271,96	credible, the credibility adjustment factor must be manually entered a factor must be manually entered a calculated using the guidance in the Credibility Adjustment tab.
§ 438.608(a)(1) through (5), (7), (8) and (b).	CFR§158.150(o)(8)	*	65 66 67 68	Expenses  Credibility Adjustment (if applicable)  Numerator Incurred Claims Expenditures for activities that improve health care quality Total Denominator Permium Revenue	LTSS MCOs between 5,400 and 380,000		\$ 226,579,313 \$ \$ 708,925 \$ \$ 227,288,238 \$ \$ 248,402,823 \$	201,514,291 \$ 998,610 \$ 202,512,901 \$ 229,016,169 \$	5 188,775,948 \$ 5 1,213,872 \$ 5 189,989,820 \$ 6 235,406,542 \$	216,834,016 5 1,350,554 5 218,184,570 6 263,393,770	\$ 833,703,568 \$ 4,271,961 \$ 837,975,529 \$ 976,219,303	\$ - \$ 13,179,826 \$ (7,544,041	\$ 846,883,39 \$ 4,271,96 \$ 851,155,35	credible, the credibility adjustment factor must be manually entered as scalulated using the guidance in the Credibility Adjustment tab.
§ 438.608(a)(1) through (5), (7), (8) and (b).	CFR§158.150(o)(8)	*	65 66 67 68 69 70	Expenses  Credibility Adjustment (if applicable)  Numerator Incurred Claims Expenditures for activities that improve health care quality Total Denominator Premium Revenue Taxes, licensing and regulatory fees	LTSS MCOs between 5,400 and 380,000		\$ 226,579,313 \$ \$ 708,925 \$ \$ 227,288,238 \$ \$ 248,402,823 \$ \$ 5,254,251 \$	201,514,291 \$ 998,610 \$ 202,512,901 \$  229,016,169 \$ 13,023,209 \$	3 188,775,948 \$ 5 1,213,872 \$ 5 189,989,820 \$ 6 235,406,542 \$ 6 11,213,899 \$	5 216,834,016 5 1,350,554 5 218,184,570 6 263,393,770 6 16,488,064	\$ 833,703,568 \$ 4,271,961 \$ 837,975,529 \$ 976,219,303 \$ 45,979,423	\$ - \$ 13,179,826 \$ (7,544,041 \$ 196,364	\$ 846,883,39 \$ 4,271,96 \$ 851,155,35 ) \$ 968,675,26 \$ 46,175,78	credible, the credibility adjustment factor must be manually entered as focalculated using the guidance in the Credibility Adjustment tab.
§ 438.608(a)(1) through (5), (7), (8) and (b).	CFR§158.150(o)(8)	+	65 66 67 68	Expenses  Credibility Adjustment (if applicable)  Numerator Incurred Claims Expenditures for activities that improve health care quality Total Denominator Permium Revenue	LTSS MCOs between 5,400 and 380,000		\$ 226,579,313 \$ \$ 708,925 \$ \$ 227,288,238 \$ \$ 248,402,823 \$	201,514,291 \$ 998,610 \$ 202,512,901 \$ 229,016,169 \$	5 188,775,948 \$ 5 1,213,872 \$ 5 189,989,820 \$ 6 235,406,542 \$	5 216,834,016 5 1,350,554 5 218,184,570 6 263,393,770 6 16,488,064	\$ 833,703,568 \$ 4,271,961 \$ 837,975,529 \$ 976,219,303	\$ - \$ 13,179,826 \$ (7,544,041 \$ 196,364 \$ (7,740,405	\$ 846,883,39 \$ 4,271,96 \$ 851,155,35 \$ 968,675,26 \$ 46,175,78 \$ 922,499,47	credible, the credibility adjustment factor must be manually entered as scalarlated using the guidance in the Credibility Adjustment tab.
§ 438.608(a)(1) through (5), (7), (8) and (b).	CFR§158.150(o)(8)	*	65 66 67 68 69 70 71	Expenses  Credibility Adjustment (if applicable)  Numerator Incurred Claims Expenditures for activities that improve health care quality Total Denominator Premium Revenue Taxes, licensing and regulatory fees Total	LTSS MCOs between 5,400 and 380,000		\$ 226,579,313 \$ \$ 708,925 \$ \$ 227,288,238 \$ \$ 248,402,823 \$ \$ 5,254,251 \$ \$ 243,148,572 \$	201,514,291 \$ 998,610 \$ 202,512,901 \$  229,016,169 \$ 13,023,209 \$ 215,992,960 \$	3 188,775,948 \$ 1,213,872 \$ 189,989,820 \$ 235,406,542 \$ 11,213,899 \$ 224,192,643 \$	216,834,016 5 1,350,554 6 218,184,570 6 263,393,770 6 16,488,064 6 246,905,706	\$ 833,703,568 \$ 4,271,961 \$ 837,975,529 \$ 976,219,303 \$ 45,979,423 \$ 930,239,880	\$ 13,179,826 \$ 13,179,826 \$ (7,544,041 \$ 196,364 \$ (7,740,405 -1.70273072	\$ 846,883,39 \$ 4,271,96 \$ 851,155,35 ) \$ 968,675,26 \$ 46,175,78 ) \$ 922,499,47 5 0.9226621	credible, the credibility adjustment factor must be manually entered as footbase control of the credibility adjustment tab.
§ 438.608(a)(1) through (5), (7), (8) and (b).	CFR§158.150(o)(8)		65 66 67 68 69 70 71 71	Expenses  Credibility Adjustment (if applicable)  Numerator Incurred Claims Expenditures for activities that improve health care quality Total Denominator Premium Revenue Taxes, licensing and regulatory fees Total Medical Loss Ratio	LTSS MCOs between 5400 and 380,000 annual Member Months		\$ 226,579,313 \$ \$ 708,925 \$ \$ 227,288,238 \$ \$ 227,288,238 \$ \$ 5,284,425 \$ \$ 5,284,425 \$ \$ 243,148,572 \$ 0.934771017 93,5%	201,514,291 \$ 998,610 \$ 202,512,901 \$  229,016,169 \$ 13,023,209 \$ 215,992,900 \$ 0.937590288 \$ 93.8%	\$ 188,775,948 \$ 1,213,872 \$ 189,989,820 \$ 189,989,820 \$ 11,213,899 \$ 224,192,643 \$ 0.84744031 \$ 84.7%	\$ 216.834.016 \$ 1,350,554 \$ 218,184,570 \$ 263,393,770 \$ 16,488,064 \$ 246,905,706 0.883675691 88.4%	\$ 833,703,568 \$ 4,271,961 \$ 837,975,529 \$ 976,219,303 \$ 45,979,423 \$ 930,239,880 0.900816604 90.1%	\$ 13,179,826 \$ 13,179,826 \$ (7,544,041 \$ 196,364 \$ (7,740,405 -1,70273072 -170.39	\$ 846,883,39 \$ 4,271,96 \$ 851,155,35 ) \$ 968,675,26 \$ 46,175,78 \$ 922,499,47 5 0.92266211 6 92.3	redible, the credibility adjustment factor must be manually entered as football, and the control of the control
\$ 438.686(a)(1) through (5), (7), (8) and (b).  Credibility Adjustment  Supplier (1) to up	42 CFR§438.8(h)  42 CFR§438.8(h)  42 CFR§438.8(y) 42 CFR§438.8(y)		65 66 67 68 69 70 71 72 73	Expenses  Credibility Adjustment (if applicable)  Numerator Incurred Claims Expensitures for activities that improve health care quality Total Denominator Premium Revenue Total Total Medical Loss Ratio Medical Loss Ratio with Credibility Adjustment  Please describe methodology(e) for allocation of expenditure	LTSS MCOs between 5400 and 380,000 annual Member Months		\$ 226,579,313 \$ \$ 708,925 \$ \$ 227,288,238 \$ \$ 227,288,238 \$ \$ 5,284,425 \$ \$ 5,284,425 \$ \$ 243,148,572 \$ 0.934771017 93,5%	201,514,291 \$ 998,610 \$ 202,512,901 \$  229,016,169 \$ 13,023,209 \$ 215,992,900 \$ 0.937590288 \$ 93.8%	\$ 188,775,948 \$ 1,213,872 \$ 189,989,820 \$ 189,989,820 \$ 11,213,899 \$ 224,192,643 \$ 0.84744031 \$ 84.7%	\$ 216.834.016 \$ 1,350,554 \$ 218,184,570 \$ 263,393,770 \$ 16,488,064 \$ 246,905,706 0.883675691 88.4%	\$ 833,703,568 \$ 4,271,961 \$ 837,975,529 \$ 976,219,303 \$ 45,979,423 \$ 930,239,880 0.900816604 90.1%	\$ 13,179,826 \$ 13,179,826 \$ (7,544,041 \$ 196,364 \$ (7,740,405 -1,70273072 -170.39	\$ 846,883,39 \$ 4,271,96 \$ 851,155,35 ) \$ 968,675,26 \$ 46,175,78 \$ 922,499,47 5 0.92266211 6 92.3	credible, the credibility adjustment factor must be manually entered as fixed calculated using the guidance in the Credibility Adjustment tab.  4 1 1 5 5 6 2 6 2 6 3 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
\$ 438.686(a)(1) through (5), (7), (8) and (b).  Credibility Adjustment  Supplier (1) to up	CFR§158.150(c)(8) 42 CFR§438.8(h) 42 CFR§438.8(q)		65 66 67 68 70 71 72 73	Expenses  Credibility Adjustment (If applicable)  Numerator Incurred Claims Expendures for activities that improve health care quality Total Denominator Premium Revenue Trous, Iconatoria and regulatory fixes Medical Loss Ratio Medical Loss Ratio with Credibility Adjustment Please describe methodology(ies) for allocation of expenditure AxCH-CCP utilizes the AHCCCS ACC Mapping Matrix based of	LTSS MCOb between 6.400 and 1000 annual Member Months 1000 annual Memb	rider type to report to the approp	\$ 226,679,313 \$ 3 708,925 \$ 3 708,925 \$ 5 227,288,238 \$ 5 248,402,823 \$ 5 48,402,	201,514,291   98,610   998,610   202,512,201   3   202,512,201   3   222,016,169   1   3,023,209   2   215,902,960   3   0,937,902,980   93,8%   5   2   2   2   2   2   2   2   2   2	8 188,775,948   5 9 1,213,872   8 189,989,820   3 189,989,820   3 2 11,213,899   3 2 24,744,0031   84,7%   3 2 24,744,0031   3 84,7%   3 2 25,70   3 2 27,70   3 3 2 27,70   3	216,834,016 1,360,554 216,184,570 283,933,775 1,646,670 1,646	\$ 833,703,566 \$ 4271,961 \$ 837975,529 \$ 9782,119,005 \$ 565,019,625 \$ 900,299,960 \$ 900,199 \$ 900,199 \$ 1 based on historical	9	\$ 846,883,39 \$ 4,271,96 \$ 851,165,38 \$ 986,875,26 \$ 46,175,76 \$ 922,49 \$ 92,262,12 \$ 92,262,12 \$ 92,262,12 \$ 92,362,12 \$ 92,36	credible, the credibility adjustment factor must be manually entered a fixed calculated using the guidance in the Credibility Adjustment tab.  4 1 1 5 5 6 2 6 2 6 3 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
\$ 438.686(a)(1) through (5), (7), (8) and (b).  Credibility Adjustment  Supplier (1) to up	42 CFR§438.8(h)  42 CFR§438.8(h)  42 CFR§438.8(y)  42 CFR§438.8(y)  42 CFR§438.8(k)(vii)		65 66 67 68 69 70 71 72 73	Expenses  Credibility Adjustment (if applicable)  Numerator Incurred Claims Expensitures for activities that improve health care quality Total Denominator Premium Revenue Total Total Medical Loss Ratio Medical Loss Ratio with Credibility Adjustment  Please describe methodology(e) for allocation of expenditure	LTSS MCOb between 6.400 and 1000 annual Member Months 1000 annual Memb	rider type to report to the approp	\$ 226,679,313 \$ 3 708,925 \$ 3 708,925 \$ 5 227,288,238 \$ 5 248,402,823 \$ 5 48,402,	201,514,291   98,610   998,610   202,512,201   3   202,512,201   3   222,016,169   1   3,023,209   2   215,902,960   3   0,937,902,980   93,8%   5   2   2   2   2   2   2   2   2   2	8 188,775,948   5 9 1,213,872   8 189,989,820   3 189,989,820   3 2 11,213,899   3 2 24,744,0031   84,7%   3 2 24,744,0031   3 84,7%   3 2 25,70   3 2 27,70   3 3 2 27,70   3	216,834,016 1,360,554 216,184,570 283,933,775 1,646,670 1,646	\$ 833,703,566 \$ 4271,961 \$ 837975,529 \$ 9782,119,005 \$ 565,019,625 \$ 900,299,960 \$ 900,199 \$ 900,199 \$ 1 based on historical	9	\$ 846,883,39 \$ 4,271,96 \$ 851,165,38 \$ 986,875,26 \$ 46,175,76 \$ 922,49 \$ 92,262,12 \$ 92,262,12 \$ 92,262,12 \$ 92,362,12 \$ 92,36	credible, the credibility adjustment factor must be manually entered a fixed calculated using the guidance in the Credibility Adjustment tab.  4 1 1 5 5 6 2 6 2 6 3 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
\$ 438.686(a)(1) through (5), (7), (8) and (b).  Credibility Adjustment  Supplier (1) to up	42 CFR§438.8(h)  42 CFR§438.8(h)  42 CFR§438.8(y) 42 CFR§438.8(y)		65 66 67 68 69 70 71 71 73	Expenses  Credibility Adjustment (if applicable)  Numerator Incurred Claims Expenditures for activities that improve health care quality Total Denominator Premium Revenue Taxes, licensing and regulatory fees Total Medical Loss Ratio with Credibility Adjustment  Please describe methodology(ies) for allocation of expenditure AxCH-CCP utilizes the AHCCCS ACC Mapping Matrix based of	LTSS MCOb between 6.400 and 1000 annual Member Months 1000 annual Memb	rider type to report to the approp	\$ 226,679,313 \$ 3 708,925 \$ 3 708,925 \$ 5 227,288,238 \$ 5 248,402,823 \$ 5 48,402,	201,514,291   98,610   998,610   202,512,201   3   202,512,201   3   222,016,169   1   3,023,209   2   215,902,960   3   0,937,902,980   93,8%   5   2   2   2   2   2   2   2   2   2	8 188,775,948   5 9 1,213,872   8 189,989,820   3 189,989,820   3 2 11,213,899   3 2 24,744,0031   84,7%   3 2 24,744,0031   3 84,7%   3 2 25,70   3 2 27,70   3 3 2 27,70   3	216,834,016 1,360,554 216,184,570 283,933,775 1,646,670 1,646	\$ 833,703,566 \$ 4271,961 \$ 837975,529 \$ 9782,119,005 \$ 565,019,625 \$ 900,299,960 \$ 900,199 \$ 900,199 \$ 1 based on historical	9	\$ 846,883,39 \$ 4,271,96 \$ 851,165,38 \$ 986,875,26 \$ 46,175,76 \$ 922,49 \$ 92,262,12 \$ 92,262,12 \$ 92,262,12 \$ 92,362,12 \$ 92,36	credible, the credibility adjustment factor must be manually entered as fixed calculated using the guidance in the Credibility Adjustment tab.  4 1 1 5 5 6 2 6 2 6 3 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
\$ 438.686(a)(1) through (5), (7), (8) and (b).  Credibility Adjustment  Supplier (5) (7), (8) and (b).  Supplier (5) (7), (8) and (b).  Supplier (7), (8) and (b).  Supplier (7), (8) and (b).  Supplier (7), (8) and (b).	42 CFR§438.8(h)  42 CFR§438.8(h)  42 CFR§438.8(y)  42 CFR§438.8(y)  42 CFR§438.8(k)(vii)		65 66 67 68 69 70 71 72 73 73	Expenses  Credibility Adjustment (if applicable)  Numerator Incurred Claims Expenditures for activities that improve health care quality Total Denominator Premium Revenue Taxes, licensing and regulatory fees Total Medical Loss Ratio with Credibility Adjustment  Please describe methodology(ies) for allocation of expenditure AxCH-CCP utilizes the AHCCCS ACC Mapping Matrix based of	LTSS MCOb between 6.400 and 1000 annual Member Months 1000 annual Memb	rider type to report to the approp	\$ 226,679,313 \$ 3 708,925 \$ 3 708,925 \$ 5 227,288,238 \$ 5 248,402,823 \$ 5 48,402,	201,514,291   98,610   998,610   202,512,201   3   202,512,201   3   222,016,169   1   3,023,209   2   215,902,960   3   0,937,902,980   93,8%   5   2   2   2   2   2   2   2   2   2	8 188,775,948   5 9 1,213,872   8 189,989,820   3 189,989,820   3 2 11,213,899   3 2 24,744,0031   84,7%   3 2 24,744,0031   3 84,7%   3 2 25,70   3 2 27,70   3 3 2 27,70   3	216,834,016 1,360,554 216,184,570 283,933,775 1,646,670 1,646	\$ 833,703,566 \$ 4271,961 \$ 837975,529 \$ 9782,119,005 \$ 565,019,625 \$ 900,299,960 \$ 900,199 \$ 900,199 \$ 1 based on historical	9	\$ 846,883,39 \$ 4,271,96 \$ 851,165,38 \$ 986,875,26 \$ 46,175,76 \$ 922,49 \$ 92,262,12 \$ 92,262,12 \$ 92,262,12 \$ 92,362,12 \$ 92,36	credible, the credibility adjustment factor must be manually entered as fixed calculated using the guidance in the Credibility Adjustment tab.  4 1 1 5 5 6 2 6 2 6 3 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
\$ 438.686(a)(1) through (5), (7), (8) and (b).  Credibility Adjustment  Supplier (5) (7), (8) and (b).  Supplier (5) (7), (8) and (b).  Supplier (7), (8) and (b).  Supplier (7), (8) and (b).  Supplier (7), (8) and (b).	42 CFR§438.8(h)  42 CFR§438.8(h)  42 CFR§438.8(y)  42 CFR§438.8(y)  42 CFR§438.8(k)(vii)		65 65 67 66 77 66 77 73 73	Expenses  Credibility Adjustment (if applicable)  Numerator Incurred Claims Expenditures for activities that improve health care quality Total Denominator Premium Revenue Taxes, licensing and regulatory fees Total Medical Loss Ratio with Credibility Adjustment  Please describe methodology(ies) for allocation of expenditure AxCH-CCP utilizes the AHCCCS ACC Mapping Matrix based of	LTSS MCOb between 6.400 and 1000 annual Member Months 1000 annual Memb	rider type to report to the approp	\$ 226,679,313 \$ 3 708,925 \$ 3 708,925 \$ 5 227,288,238 \$ 5 248,402,823 \$ 5 48,402,	201,514,291   98,610   998,610   202,512,201   3   202,512,201   3   222,016,169   1   3,023,209   2   215,902,960   3   0,937,902,980   93,8%   5   2   2   2   2   2   2   2   2   2	8 188,775,948   5 9 1,213,872   8 189,989,820   3 189,989,820   3 2 11,213,899   3 2 24,744,0031   84,7%   3 2 24,744,0031   3 84,7%   3 2 25,70   3 2 27,70   3 3 2 27,70   3	216,834,016 1,360,554 216,184,570 283,933,775 1,646,670 1,646	\$ 833,703,566 \$ 4271,961 \$ 837975,529 \$ 9782,119,005 \$ 565,019,625 \$ 900,299,960 \$ 900,199 \$ 900,199 \$ 1 based on historical	9	\$ 846,883,39 \$ 4,271,96 \$ 851,165,38 \$ 986,875,26 \$ 46,175,76 \$ 922,49 \$ 92,262,12 \$ 92,262,12 \$ 92,262,12 \$ 92,362,12 \$ 92,36	credible, the credibility adjustment factor must be manually entered as fixed calculated using the guidance in the Credibility Adjustment tab.  4 1 1 5 5 6 2 6 2 6 3 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
\$ 438.686(a)(1) through (5), (7), (8) and (b).  Credibility Adjustment  Supplier (5) (7), (8) and (b).  Supplier (5) (7), (8) and (b).  Supplier (7), (8) and (b).  Supplier (7), (8) and (b).  Supplier (7), (8) and (b).	42 CFR§438.8(h)  42 CFR§438.8(h)  42 CFR§438.8(y)  42 CFR§438.8(y)  42 CFR§438.8(k)(vii)		65 66 67 68 69 70 71 72 73 73	Expenses  Credibility Adjustment (if applicable)  Numerator Incurred Claims Expenditures for activities that improve health care quality Total Denominator Premium Revenue Taxes, licensing and regulatory fees Total Medical Loss Ratio with Credibility Adjustment  Please describe methodology(ies) for allocation of expenditure AxCH-CCP utilizes the AHCCCS ACC Mapping Matrix based of	LTSS MCOb between 6.400 and 1000 annual Member Months 1000 annual Memb	rider type to report to the approp	\$ 226,679,313 \$ 3 708,925 \$ 3 708,925 \$ 5 227,288,238 \$ 5 248,402,823 \$ 5 48,402,	201,514,291   98,610   998,610   202,512,201   3   202,512,201   3   222,016,169   1   3,023,209   2   215,902,960   3   0,937,902,980   93,8%   5   2   2   2   2   2   2   2   2   2	8 188,775,948   5 9 1,213,872   8 189,989,820   3 189,989,820   3 2 11,213,899   3 2 24,744,0031   84,7%   3 2 24,744,0031   3 84,7%   3 2 25,70   3 2 27,70   3 3 2 27,70   3	216,834,016 1,360,554 216,184,570 283,933,775 164,650 164,650 164,660,674 164,660,674 164,660,674 164,660,674 164,660,674 164,660,674 164,660,674 164,660,674 164,660,674 164,660,674 164	\$ 833,703,566 \$ 4271,961 \$ 837975,529 \$ 9782,119,005 \$ 565,019,625 \$ 900,299,960 \$ 900,199 \$ 900,199 \$ 1 based on historical	9	\$ 846,883,39 \$ 4,271,96 \$ 851,165,38 \$ 986,875,26 \$ 46,175,76 \$ 922,49 \$ 92,262,12 \$ 92,262,12 \$ 92,262,12 \$ 92,362,12 \$ 92,36	credible, the credibility adjustment factor must be manually entered as fixed calculated using the guidance in the Credibility Adjustment tab.  4 1 1 5 5 6 2 6 2 6 3 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
\$ 438.686(a)(1) through (5), (7), (8) and (b).  Credibility Adjustment  Supplier (5) (7), (8) and (b).  Supplier (5) (7), (8) and (b).  Supplier (7), (8) and (b).  Supplier (7), (8) and (b).  Supplier (7), (8) and (b).	42 CFR§438.8(h)  42 CFR§438.8(h)  42 CFR§438.8(y)  42 CFR§438.8(y)  42 CFR§438.8(k)(vii)		65 66 67 67 69 70 71 72 73 74 74 75 76 77 77 78	Expenses  Credibility Adjustment (if applicable)  Numerator Incurred Claims Expenditures for activities that improve health care quality Total Denominator Premium Revenue Taxes, licensing and regulatory fees Total Medical Loss Ratio with Credibility Adjustment  Please describe methodology(ies) for allocation of expenditure AxCH-CCP utilizes the AHCCCS ACC Mapping Matrix based of	LTSS MCOs between 5,400 and 380,000 annual Member Months annual Member M	rider type to report to the approp	\$ 226,679,313 \$ 3 708,925 \$ 3 708,925 \$ 5 227,288,238 \$ 5 248,402,823 \$ 5 48,402,	201,514,291   98,610   998,610   202,512,201   3   202,512,201   3   222,016,169   1   3,023,209   2   215,902,960   3   0,937,902,980   93,8%   5   2   2   2   2   2   2   2   2   2	8 188,775,948   5 9 1,213,872   8 189,989,820   3 189,989,820   3 2 11,213,899   3 2 24,744,0031   84,7%   3 2 24,744,0031   3 84,7%   3 2 25,70   3 2 27,70   3 3 2 27,70   3	216,834,016 1,360,554 216,184,570 283,933,775 164,650 164,650 164,660,674 164,660,674 164,660,674 164,660,674 164,660,674 164,660,674 164,660,674 164,660,674 164,660,674 164,660,674 164	\$ 833,703,566 \$ 4271,961 \$ 837975,529 \$ 9782,119,005 \$ 565,019,625 \$ 900,299,960 \$ 900,199 \$ 900,199 \$ 1 based on historical	9	\$ 846,883,39 \$ 4,271,96 \$ 851,165,38 \$ 986,875,26 \$ 46,175,76 \$ 922,49 \$ 92,262,12 \$ 92,262,12 \$ 92,262,12 \$ 92,362,12 \$ 92,36	redible, the credibility adjustment factor must be manually entered as featurated using the guidance in the Credibility Adjustment tab.  defeatured using the guidance in the Credibility Adjustment tab.  defeatured to the control of
\$ 438.686(a)(1) through (6), (7), (8) and (b).  Credibility Adjustment  WER Defended (b).  Aggregation	42 CFR§438.8(h)  42 CFR§438.8(h)  42 CFR§438.8(g) 42 CFR§438.8(k)(vii)  Accrued Revenue  Value-Added Services		65 66 67 67 77 73 74 74 75 76 77 78 80 81	Expenses  Credibility Adjustment (if applicable)  Numerator Incurred Claims Expenditures for activities that improve health care quality Total Demonshator Total Total Medical Loss Ratio with Credibility Adjustment  Please describe methodology(ies) for allocation of expenditure AxCH-CCP utilizes the AHCCGS ACC Mapping Matrix based of The 9/30/20 amounts in the Value-Added Services line (#30) a hospital to care for them.	LTSS MCOs between 5,400 and 380,000 annual Member Months annual Member M	rider type to report to the approp	\$ 226,679,313 \$ 3 708,925 \$ 3 708,925 \$ 5 227,288,238 \$ 5 248,402,823 \$ 5 48,402,	201,514,291   98,610   998,610   202,512,201   3   202,512,201   3   222,016,169   1   3,023,209   2   215,902,960   3   0,937,902,980   93,8%   5   2   2   2   2   2   2   2   2   2	8 188,775,948   5 9 1,213,872   8 189,989,820   3 189,989,820   3 2 11,213,899   3 2 24,744,0031   84,7%   3 3 24,744,0031   3 84,7%   3 2 25,70   3 2 27,70   3 2 27,70   3 2 27,70   3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	216,834,016 1,360,554 216,184,570 283,933,775 164,650 164,650 164,660,674 164,660,674 164,660,674 164,660,674 164,660,674 164,660,674 164,660,674 164,660,674 164,660,674 164,660,674 164	\$ 833,703,566 \$ 4271,961 \$ 837975,529 \$ 9782,119,005 \$ 565,019,625 \$ 900,299,960 \$ 900,199 \$ 900,199 \$ 1 based on historical	9	\$ 846,883,39 \$ 4,271,96 \$ 851,165,38 \$ 986,875,26 \$ 46,175,76 \$ 922,49 \$ 92,262,12 \$ 92,262,12 \$ 92,262,12 \$ 92,362,12 \$ 92,36	credible, the credibility adjustment factor must be manually entered as fixed activated using the guidance in the Credibility Adjustment tab.  4 1 1 5 5 6 2 6 3 6 3 7 6 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

Updated 12/13/2019

19 [1] Annual Adjustments Column: <u>USE FOR ANNUAL REPORT ONL</u>Y - Adjustments column should report prior year adjustments and true up any estimates to present on an incurred date of service basis. Any adjustments to be deducted should be entered as a negative number.

Medical Loss Ratio Report - Acute Care Contract

[3] Total Taxes, Licensing & Regulatory Fees [4] Total Incurred Claims [5] Total Health Care Quality Improvement and Other Expenses]  \$ 5,254,251.42	Medical Loss Ratio Report – Acute Care Contract																
Total Premium Revenue   September   Sept			GAAP Basis											[1]		Incurred Basis	
[2] Total Premium Revenue \$ 248,402,823.21 \$ 229,010,168.52 \$ 235,400,541.58 \$ 263,393,769.58 \$ 976,219,302.89 \$ (7,544,041.09) \$ 968,675,261.8														Annual			
[3] Total Taxes, Licensing & Regulatory Fees [4] Total Incurred Claims [5] Total Health Care Quality Improvement and Other Expenses]  \$ 5,254,251.42			Dec-1	9		Mar-20		Jun-20		Sep-20		CYE 20	1	Adjustments <sup>1</sup>	F	Restated CYE20	
[4] Total Incurred Claims [5] 226,579,312.70 \$ 201,514,290.84 \$ 188,775,948.25 \$ 216,834,016.33 \$ 833,703,568.12 \$ 13,179,825.95 \$ 846,883,394.0   [6] Total Health Care Quality Improvement and Other Expenses	[2]	Total Premium Revenue	\$ 248,402	,823.21	\$	229,016,168.52	\$	235,406,541.58	\$	263,393,769.58	\$	976,219,302.89	\$	(7,544,041.09)	\$	968,675,261.80	
[5] Total Non-Claims Costs   \$ 23,620,661.25   \$ 20,747,665.51   \$ 20,819,340.17   \$ 23,905,425.58   \$ 89,093,092.51   \$ (1,429,323.55)   \$ 87,663,768.9   \$ 1,213,871.99   \$ 1,350,553.97   \$ 4,271,961.33   \$ 4,	[3]	Total Taxes, Licensing & Regulatory Fees	\$ 5,254	,251.42	\$	13,023,208.98	\$	11,213,898.64	\$	16,488,063.69	\$	45,979,422.73	\$	196,364.22	\$	46,175,786.95	
[6] Total Health Care Quality Improvement and Other Expenses \$ 708,925.02 \$ 998,610.35 \$ 1,213,871.99 \$ 1,350,553.97 \$ 4,271,961.33 \$ - \$ 4,271,961.33	[4]	Total Incurred Claims	\$ 226,579	,312.70	\$	201,514,290.84	\$	188,775,948.25	\$	216,834,016.33	\$	833,703,568.12	\$	13,179,825.95	\$	846,883,394.07	
Other Expenses	[5]	Total Non-Claims Costs	\$ 23,620	,661.25	\$	20,747,665.51	\$	20,819,340.17	\$	23,905,425.58	\$	89,093,092.51	\$	(1,429,323.55)	\$	87,663,768.96	
	[6]	Total Health Care Quality Improvement and	\$ 708	,925.02	\$	998,610.35	\$	1,213,871.99	\$	1,350,553.97	\$	4,271,961.33	\$	-	\$	4,271,961.33	
		Other Expenses															
[7] Program Integrity: Fraud, Waste, and Abuse  \$ -   \$ -   \$ -   \$ -   \$ -	[7]	Program Integrity: Fraud, Waste, and Abuse	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	
Prevention Expenses Prevention Expenses		Prevention Expenses															
	[8]	MLR Calculated Net Operating Income:	\$ (7,760	,327.18)	\$	(7,267,607.16)	\$	13,383,482.53	\$				\$			(16,319,649.52)	
[9] Enter: 99999 Net Profit (Loss) \$ (6,615,440.06) \$ (6,344,161.25) \$ 14,076,876.70 \$ 5,891,746.27 \$ 7,009,021.66 \$ (19,490,908.57) \$ (12,481,886.9	[9]	Enter: 99999 Net Profit (Loss)	\$ (6,615	,440.06)	\$	(6,344,161.25)	\$	14,076,876.70	\$	5,891,746.27	\$	7,009,021.66	\$	(19,490,908.57)	\$	(12,481,886.91)	
[9] Enter: 40305-01 Investment Income \$ 1,144,887.13 \$ 923,445.91 \$ 693,394.16 \$ 537,489.25 \$ 3,299,216.45 \$ - \$ 3,299,216.45	[9]	Enter: 40305-01 Investment Income	\$ 1,144	,887.13	\$	923,445.91	\$	693,394.16	\$	537,489.25	\$	3,299,216.45	\$	-	\$	3,299,216.45	
[9] Enter: 40310-01 Other Income \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	[9]	Enter: 40310-01 Other Income	\$	-	\$	- ·	\$	-	\$	-	\$	-	\$	-	\$	-	
[10] Community Benefit Expenses \$ - \$ - \$ - \$ 538,547.04 \$ 538,547.04 \$ - \$ 538,547.04	[10]	Community Benefit Expenses	\$	-	\$	-	\$	-	\$	538,547.04	\$	538,547.04	\$	-	\$	538,547.04	
[11] Check Figure \$ (7,760,327.19) \$ (7,267,607.16) \$ 13,383,482.54 \$ 4,815,709.98 \$ 3,171,258.17 \$ (19,490,908.57) \$ (16,319,650.4)	[11]	Check Figure	\$ (7,760	,327.19)	\$	(7,267,607.16)	\$	13,383,482.54	\$	4,815,709.98	\$	3,171,258.17	\$	(19,490,908.57)	\$	(16,319,650.40)	
[12] Difference \$ 0.01 \$ 0.00 \$ (0.01) \$ 0.03 \$ 0.03 \$ 0.85 \$ 0.8	[12]	Difference	\$	0.01	\$	0.00	\$	(0.01)	\$	0.03	\$	0.03	\$	0.85	\$	0.88	

#### Notes:

- [1] Annual Adjustments Column: <u>USE FOR ANNUAL REPORT ONLY</u> Adjustments column should report prior year adjustments and true up any estimates to present on an incurred date of service basis. Any adjustments to be deducted should be entered as a negative number.

  [2] Autopopulates do not enter anything in these cells. Note: Premium revenue does not include non-operating income such as investment income and other income.
- [3] Autopopulates do not enter anything in these cells.
- [4] Autopopulates do not enter anything in these cells. [5] Autopopulates do not enter anything in these cells.
- [6] Autopopulates do not enter anything in these cells.

- [7] Autopopulates do not enter anything in these cells.
  [8] Autocalculates do not enter anything in these cells.
  [9] Enter Net Profit (Loss) subtract Investment Income, subtract Other Income, if any, as presented on Financial Reporting Template (in their natural state).
- [10] Autopopulates do not enter anything in these cells.
- [11] Autocalculates do not enter anything in these cells.
  [12] If difference is greater than \$1.00 or less than (\$1.00), reconcile the difference.